

LOUISIANA DEPARTMENT OF THE TREASURY

DEPUTY SHERIFFS' SUPPLEMENTAL PAY

BOARD OF REVIEW

SHERIFFS' GUIDE TO DEPARTMENTAL POLICIES  
AND STATUTORY SPECIFICATIONS FOR THE ADMINISTRATION OF THE  
SUPPLEMENTAL PAY PROGRAM

**REVISED EFFECTIVE:**

**March 15, 2002**

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I. EXTRA COMPENSATION FOR COMMISSIONED FULL-TIME  
DEPUTY SHERIFFS OF ALL PARISHES

A. SUPPLEMENTAL PAY

Every commissioned deputy sheriff employed on a full-time basis and certified eligible by the sheriff shall be paid extra compensation out of monies appropriated from the special fund in the treasury of the state of Louisiana. Funds shall be distributed monthly to the sheriff of each parish to pay additional compensation.

B. AMOUNT OF SUPPLEMENTAL PAY

Each qualified deputy sheriff shall be entitled to receive supplemental pay at the following rate:

1. **Three hundred dollars (\$300) per month at the completion of one (1) year of service per ACT 513 of 1997 regular session.**

C. ELIGIBILITY

In order to receive supplemental pay, deputy sheriffs must meet the following criteria.

1. A deputy sheriff hired before January 1, 1986, must:
  - (a) be a commissioned law enforcement officer;
  - (b) be employed full-time (at least 35 hours per week);
  - (c) be paid a salary of not less than \$350 per month.
2. A deputy sheriff hired January 1, 1986, must:
  - (a) be a commissioned law enforcement officer;
  - (b) be employed full-time (at least 35 hours per week);
  - (c) be paid a salary of not less than \$350 per month; and
  - (d) be certified by the Council on Peace Officer Standards and Training.
3. A deputy sheriff hired after March 31, 1986, must:
  - (a) be a commissioned law enforcement officer;
  - (b) be employed full-time (at least 35 hours per week);
  - (c) be paid a salary of not less than \$350 per month;
  - (d) be certified by the Council on Peace Officer Standards and Training;
  - (e) be employed to perform non-clerical, enforcement duties.

#### D. ELIGIBLE POSITIONS – DUTIES

Any deputy sheriff hired after March 31, 1986, shall not be eligible for additional compensation out of state funds if he is hired primarily to perform purely clerical or non-enforcement duties, including but not limited to typists, office machines operators, switchboard operators, filing clerks, steno clerks, stenographers, animal shelter personnel, school crossing guards, secretaries, cooks, mechanics, and maintenance personnel, whether or not he is a duly commissioned deputy sheriff or is certified by the POST Council.

The one (1) year period of service required to be completed before receiving supplemental pay shall begin at the date the deputy sheriff is commissioned as a deputy sheriff.

Where there is a question about the eligibility of a position, the Board will consider each case individually in light of the duties performed by the employee and not merely the title of the position.

#### E. CERTIFICATE OF TRAINING

A copy of a valid POST Certificate: Basic, Basic Correctional Peace Officer, or Certificate of Registration (Grandfathership), must be submitted to the DSSP staff with the DSSP Employment Information Form. The DSSP Board will not approve requests that are submitted without necessary POST documentation.

#### F. PRIOR SERVICE

Prior service shall consist of service as a commissioned deputy sheriff, or municipal police officer receiving supplemental pay under the provisions of R.S.3:2218.2, or service as a state police officer receiving supplemental pay under the provisions of R.S.40:1457.

Deputy sheriffs transferring from another law enforcement agency for which they are eligible to claim prior service are eligible to receive supplemental pay on the hire date with the sheriff's department provided the break in service does not exceed thirty (30) days. If the thirty (30) day break in service is exceeded, the deputy sheriff must wait one (1) year before being eligible to receive supplemental pay.

State Police officers who were transferred to the Weights and Standards Division of the Department of Transportation and Development are considered 'grandfathered' for determining prior service.

In computing the period of service necessary to qualify for the payment of extra compensation, credit is not allowed for out-of-state service.

It is the sheriff's responsibility to obtain verification of previous employment with other Louisiana parish sheriffs' offices, or Louisiana municipal police departments, or Louisiana State Police. Certificate of Prior Service Forms must be submitted to the DSSP staff with the DSSP Employment Information Form.

## II. DEPUTY SHERIFFS' SUPPLEMENTAL PAY REPORT

### A. CONTENTS OF REPORT

In order to receive the funds for supplemental pay, the sheriff in each parish and in Orleans Parish, the criminal sheriff and the civil sheriff shall file a report on or before the tenth of each month certifying to the state treasurer the number of eligible, full-time commissioned deputy sheriffs in his employ and the number of years of service of each such officer. The report shall include for each deputy submitted the name, social security number, date of eligibility, present monthly salary, qualification years, and amount of supplemental pay each deputy sheriff is eligible to receive, and an explanation if new hire/rehire, on leave with out pay, on approved leave of absence, suspended or terminated employment. Attach reconciliation page/pages to the report. Also attach a completed Change In Job Duties form, if applicable.

### B. CERTIFICATION BY THE SHERIFF

Each report shall be accompanied by a certificate signed by the sheriff certifying the eligibility of the deputies listed on the report. The certificate shall be notarized. The certificate is the state treasurer's authorization to pay the parish sheriff's salary fund the total amount due eligible deputies, as certified by the sheriff.

### C. AUTHORIZATION TO SIGN THE PARISH SHERIFF CERTIFICATE

The certificate shall be signed by the sheriff or by an authorize representative. The sheriff must notify the Board in writing when an authorized representative is designated to sign certificates.

### D. DUE DATE OF DSSP REPORT AND PARISH SHERIFF CERTIFICATE

The report and certificate for each month are due on or before the tenth day of that month. For example, the report and certificate for the month of January must be received by the Department of Treasury on or before January tenth.

Failure to submit reports and certification timely and accurately as set forth in this manual may result in all parish payments being delayed and may cause postponement of the payment for the delinquent parish until the following month.

#### E. EXTENT OF THE SHERIFF'S OBLIGATION

It is the sheriff's responsibility to certify a deputy sheriff as soon as the deputy becomes eligible to receive supplemental pay and it is the responsibility of the sheriff to make supplemental payments to the individual deputy sheriffs.

The sheriff certifies a deputy by completing a DSSP Employment Information Form and other pertinent supplemental forms. The completed forms along with required documentation should be attached to the sheriff's monthly report.

The sheriff shall submit a written explanation on the subsequent monthly report when a deputy's name is erroneously omitted from the previous month's report.

#### F. EXTENT OF THE STATE'S OBLIGATION

If an eligible deputy sheriff is not certified and added to the monthly DSSP Report as soon as he/she becomes eligible, the extent of the state's obligation to Pay supplemental pay is limited to one (1) year retroactive from the date of initial submission on the monthly DSSP report by the sheriff.

### III. ADDING ELIGIBLE DEPUTY SHERIFF TO DSSP REPORT

The following supportive documentation is required when adding an eligible deputy sheriff to the DSSP report:

1. DSSP Employment Information Form signed by the sheriff, dated and notarized.
2. Copy of POST Certificate.
3. Certificate of Prior Sheriff Service, if any.
4. Certificate of Prior Municipal Police Service, if any.
5. Certificate of Prior Louisiana State Police Service, if any.

These documents must be submitted to the Department of the Treasury DSSP staff as an attachment to the monthly DSSP report. Failure to comply with this policy will result in the reduction of the monthly DSSP report total. An explanation for any adjustment made by the DSSP staff to the monthly DSSP report will be made on the DSSP Monthly Report Adjustment Form. This form is mailed by DSSP staff to the sheriff along with the check.

#### IV. REMOVING DEPUTY SHERIFF ON LEAVE WITHOUT PAY

A. Any deputy who is on leave for medical reasons or as a result of a circumstance for which he qualifies for leave under the Family Medical Leave Act, military leave, and leave due to budgetary cutbacks made by the sheriff shall continue to be eligible to receive supplemental pay upon returning to work provided all other supplemental pay requirements are met.

B. Except as provided above, any deputy sheriff who is on leave without pay shall be removed from the next monthly report and shall not be eligible for supplemental pay for as long as he/she is on leave without pay. If a deputy is on leave without pay for more than thirty (30) days for reasons other than leave under the Family Medical Leave Act; military duty whether voluntary or involuntary; or leave due to budgetary cutbacks made by the sheriff, then the deputy must wait one (1) year after returning from leave without pay before becoming eligible again to receive supplemental pay.

The time on leave without pay shall not count toward completion of the one (1) year of service for purpose of determining period of service unless the leave is for active military duty.

A Leave of Absence Approval Form with proper documents attached must be submitted with the monthly report.

#### V. SUPPLEMENTAL PAY RATE

##### A. CURRENT PAY RATE

The current DSSP scale is as follows:

Period of Service	Monthly Pay Rate	Daily Pay Rate
At completion of 1 year	\$300.00	\$9.86

**Note:** Monthly payments are based on the legislative appropriation by fiscal year. If the appropriation is insufficient to satisfy 100 % of all parish report requests, the monthly payments will be decreased proportionately.

##### B. PARTIAL MONTHLY PAYMENTS

When a deputy sheriff works less than a full month, supplemental pay shall be prorated for the number of days worked using the current daily DSSP scale.

The DSSP Board of Review requires a written explanation from the sheriff on the monthly DSSP report when a deputy sheriff experiences a change in full-time status which results in eligibility for less than a full month of supplemental pay.

**Example:** Deputy sheriff receiving \$300 per month suspended for 5 days (30 day month)—request 25 days @ \$9.86 = \$246.50;

Deputy sheriff receiving \$300 per month is terminated 5/15 (last day worked) — request 15 days @ \$9.86 = \$147.90.

**Note:** Always calculate the number of days worked times the DSSP rate.

## VI. DSSP BOARD OF REVIEW

### A. BOARD OF REVIEW

The Board of Review created to oversee the eligibility for payment of deputy sheriff's supplemental pay is composed of three (3) members, one of whom shall be the Commissioner of Administration or a representative of the Division of Administration selected by him, one of whom shall be a member of the Louisiana Sheriffs' Association selected by the president thereof, and one of whom shall be the state treasurer or a representative from said office selected by the Treasurer. The representative of the State Treasurer's office shall serve as Chair of the Board. A quorum required to conduct business shall consist of all three members of the Board. The Board of Review is authorized to establish criteria for eligibility for deputy sheriffs to receive supplemental pay.

### B. ELIGIBILITY DETERMINATION

If a question arises concerning a deputy sheriff's eligibility to receive DSSP, the sheriff may request a ruling by writing to the DSSP Board of Review. The deputy's DSSP application with supporting documents and forms should accompany the request.

### C. REINSTATEMENT OF BACK PAY FOR PRIOR FISCAL YEAR

The state's fiscal year ends on June 30<sup>th</sup>. Funds for the previous fiscal year's supplemental pay cannot be remitted by the treasurer after the forty-fifth day following the close of that fiscal year without a resolution of the DSSP Board of Review and Legislative approval. The forty-fifth day following the close of the fiscal year is August 14.



After the close of the fiscal year, the resolution for approval of prior years' supplemental pay must be submitted to the Joint Legislative Committee on the budget for final approval before payment can be made to the Sheriff's Salary Fund. In some instances, it may be necessary for the sheriff to attend the committee meeting.

Prior year back pay requests from the sheriff must be submitted separately from the monthly report.

Any request for back pay must include the calculations used by the sheriff to determine the total amount of back pay owed. No request will be considered without the accompanying calculations.

#### D. WORKER'S COMPENSATION

Supplemental pay shall be paid to a deputy sheriff who is receiving Worker's Compensation provided that the amount of the Worker's Compensation benefit received, together with any other compensation, exclusive of supplemental pay, is at least \$350.00 per month and provided further that the total compensation, including supplemental pay, shall not exceed 100% of the deputy's regular monthly compensation.

Payments actually made under the provisions of this policy shall be reimbursed to the sheriff for a period not to exceed one (1) year.

#### E. CORRESPONDENCE

All requests for review by the Board must come from the sheriff. Correspondence from individual deputies or their attorneys cannot be considered by the Board. All correspondence shall include the employee's name, social security number, and the name, address, and telephone number of the sheriff or contact person.

Address all correspondence to:

Louisiana Department of the Treasury  
Deputy Sheriffs' Supplemental Pay  
Post Office Box 44151, Capitol Station  
Baton Rouge, LA 70804-4154

BOARD OF REVIEW  
DEPUTY SHERIFFS SUPPLEMENTAL PAY  
DSSP Employment Information Form

Board Members  
State treasurer  
Commissioner of Administration  
Louisiana Sheriffs' Association

RE: Deputy's Name: \_\_\_\_\_

Deputy's SSN: \_\_\_\_\_

Deputies must be commissioned and paid a salary of not less than \$350 per month.

(1) Beginning employment date with your office as a full-time commissioned deputy sheriff whose salary is paid from the sheriff's general fund \_\_\_\_\_. If rehired with your office, give the beginning date for current employment \_\_\_\_\_.

(2) Deputy's monthly salary: \$ \_\_\_\_\_.

New hires after March 31, 1986, must perform **full-time** direct law enforcement duties.

(3) Describe present duties as a full-time deputy sheriff : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(4) Deputies must complete one year of service before eligibility to receive supplemental pay. In the event of prior service as a deputy sheriff in another parish, municipal police officer or state police officer, an original **Certificate of Prior Service** must accompany the DSSP Employment Information Form. The Certificate of Prior Service **must be** an original, certified to and notarized by the sheriff of the parish, by the appropriate official in the office of state police or by the mayor and the chief of police in the municipality.

\_\_\_\_\_ Check if Certificate of Prior Service is attached

Deputies must hold a **valid** POST Certificate.

(5) POST TRAINING: Attach a copy of the Post Certificate and enter the date completed by the appropriate certificate listed below.

BASIC Date Completed \_\_\_\_\_

BASIC CORRECTIONAL PEACE OFFICER Date Completed \_\_\_\_\_

CERTIFICATE OF REGISTRATION Date Issued \_\_\_\_\_  
( 'grandfathered' )



BOARD OF REVIEW  
DEPUTY SHERIFFS SUPPLEMENTAL PAY  
DSSP Employment Information Form  
(Continued)

- (6) Has the deputy experienced **over a three (3) year break** in full-time law enforcement service **since date of Post Certification**? (Note: Experience as a reserve officer is considered a break in service for this purpose.) \_\_\_\_\_(YES) \_\_\_\_\_(NO)

If yes, please list the dates: From \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_ Duties: \_\_\_\_\_

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- (7) Have there been any **breaks** in employment with the sheriff's office **since the beginning date of employment as shown in (1) above**? If yes, please provide the dates:  
\_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

- (8) If this request for supplemental pay includes a request for back pay, please explain the reason(s) the deputy was not added to the invoice **at the time** the deputy became eligible for supplemental pay?

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- (9) If this request for supplemental pay includes a request for back pay, does the back pay include reimbursement(s) for any previously paid supplemental pay by your office? If yes, what is the dollar amount and the period(s) of time?

From \_\_\_\_\_ to \_\_\_\_\_ Amount paid per month: \$ \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Amount paid per month: \$ \_\_\_\_\_

- (10) Any other pertinent information that would be helpful in determining the deputy's eligibility for supplemental pay?

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BOARD OF REVIEW  
DEPUTY SHERIFFS SUPPLEMENTAL PAY  
DSSP Employment Information Form  
(Continued)

BEFORE ME, the undersigned, personally came and appeared \_\_\_\_\_

who after being duly sworn, deposed and said:

that, he/she is the duly elected Sheriff of the Parish of \_\_\_\_\_

and that to the best of his ability the information contained herein is true and correct.

SWORN TO AND SUBSCRIBED before me on this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SHERIFF –Signature

DATE \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC – Signature

Please address all correspondence as follows:

State of Louisiana

Department of Treasury

DSSP Program

Post Office Box 44154

Baton Rouge, Louisiana 70804

The above information is required for each new/rehired employee before receipt of deputy sheriff supplemental pay.

## PRIOR SERVICE CREDIT

**NAME:**

**PARISH:****CURRENT EMPLOYMENT DATE:**

DATES	PREVIOUS EMPLOYER	YEARS	MONTHS	DAYS
CURRENT EMPLOYMENT:				
TOTAL				

**Eligible to receive \$\_\_\_\_\_ per month on \_\_\_\_\_.**

Approved by \_\_\_\_\_ Date \_\_\_\_\_

# DEPUTY SHERIFF'S SUPPLEMENTAL PAY

R.S. 33:2218.2

## CERTIFICATE OF PRIOR SHERIFF SERVICE

Mail to:  
DEPUTY SHERIFF'S  
SUPPLEMENTAL PAY BOARD  
P.O. BOX 44154, CAPITOL STATION  
BATON ROUGE, LA 70804-4154

PARISH		NAME	
ADDRESS		ADDRESS	
CITY		CITY	ZIP
		SOCIAL SECURITY NO.	
DATES OF EMPLOYMENT	FROM	TO	CLASSIFICATION
DUTIES			
SALARY	NO. OF HOURS WORKED PER WEEK		I HEREBY CERTIFY THAT THE PERSON NAMED IN THIS APPLICATION WAS A FULL-TIME PAID EMPLOYEE OF THIS PARISH
SHERIFF			DATE
NOTARY			DATE

**PAID SUPPLEMENTAL PAY** (CIRCLE ONE) **YES** **NO**

**DATE LAST PAID** (MONTH, DAY, YEAR) \_\_\_\_\_ **AMOUNT PAID \$** \_\_\_\_\_

# DEPUTY SHERIFF'S SUPPLEMENTAL PAY

R.S. 33:2218.2

## CERTIFICATE OF MUNICIPAL POLICE PRIOR SERVICE

Mail to:

DEPUTY SHERIFF'S  
SUPPLEMENTAL PAY BOARD  
P. O. BOX 44154, CAPITOL STATION  
BATON ROUGE, LA 70804-4154

CITY OR POLICE DEPARTMENT		NAME	
		ADDRESS	
		CITY	ZIP
		SOCIAL SECURITY NO.	
DATES OF EMPLOYMENT	FROM	TO	CLASSIFICATION
DUTIES			
SALARY		NO. OF HOURS WORKED PER WEEK	I HEREBY CERTIFY THAT THE PERSON NAMED IN THIS APPLICATION WAS A PAID FULL-TIME EMPLOYEE OF THIS DEPARTMENT.
MAYOR			DATE
POLICE CHIEF			DATE
NOTARY			DATE

**PAID SUPPLEMENTAL PAY** (CIRCLE ONE) **YES** **NO**

**DATE LAST PAID** (MONTH, DAY, YEAR) \_\_\_\_\_ **AMOUNT PAID** \$ \_\_\_\_\_



# DEPUTY SHERIFF'S SUPPLEMENTAL PAY

R.S. 33:2218.2

## CERTIFICATE OF PRIOR LOUISIANA STATE POLICE SERVICE

Mail to:  
DEPUTY SHERIFF'S  
SUPPLEMENTAL PAY BOARD  
P.O. BOX 44154, CAPITOL STATION  
BATON ROUGE, LA 70804-4154

TROOP OR SECTION		NAME	
ADDRESS		ADDRESS	
CITY		CITY	ZIP
		SOCIAL SECURITY NO.	
DATES OF EMPLOYMENT	FROM	TO	CLASSIFICATION
DUTIES			
SALARY	NO. OF HOURS WORKED PER WEEK		I HEREBY CERTIFY THAT THE PERSON NAMED IN THIS APPLICATION WAS A FULL-TIME PAID EMPLOYEE OF THIS AGENCY.
SUPERINTENDENT			DATE
NOTARY			DATE

DATE LAST PAID (MONTH, DAY, YEAR) \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_

**DEPUTY SHERIFFS' SUPPLEMENTAL PAY FORM**

(TO BE COMPLETED AND FILED BY THE SHERIFF  
OF EACH PARISH WITH THE OFFICE OF THE STATE  
TREASURER BY THE **10th DAY** OF EACH MONTH)

--

DATE (MONTH &amp; YEAR)

PARISH

PAGE NO.

[illegible]

**TOTAL AMOUNT REQUESTED**    \$\_\_\_\_\_

**DEPUTY SHERIFFS' SUPPLEMENTAL PAY RECONCILIATION**

PARISH \_\_\_\_\_

MONTH \_\_\_\_\_

Reconciliation:

No. of Deputies (Previous Month) \_\_\_\_\_

No. of Deputies added + \_\_\_\_\_

No. of Deputies deleted - \_\_\_\_\_

Total No. of Deputies (Current Month) \_\_\_\_\_

**PART 1 - Deputies receiving full supplemental pay in the current month - Include required paper work and list additions to the current month report**

No. of Deputies	Rate	Amount	Name	Eligibility Date	Explanation
_____ @ \$300					

**PART 2 - Deputies receiving partial pay in the current month - Include required paperwork**

No. of Deputies	Rate	Amount	Name	Explanation
_____ @ \$ _____ = \$ _____				
_____ @ \$ _____ = \$ _____				
_____ @ \$ _____ = \$ _____				
_____ @ \$ _____ = \$ _____				

**PART 3 - Other Adjustments - prior months****Refunds to State or Back Pay**

	Amount	Name	Explanation
	\$ _____		
	\$ _____		
	\$ _____		
Cont. Pg. Part 2	\$ _____		
No. of Deputies	\$ _____		
list below	\$ _____		
		<b>subtotal</b>	
_____ Part 2	\$ _____	<b>total from continuation pages</b>	
_____ Part 3	\$ _____	<b>total from continuation pages</b>	

_____ <b>TOTAL</b>	\$ _____	Prepared by: _____
<b>No. of Deputies</b>	<b>Amount Requested</b>	Date: _____ Phone _____

MONTH \_\_\_\_\_

Name

Eligibility Date

Explanation

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.





**DEPUTY SHERIFFS’ SUPPLEMENTAL PAY RECONCILIATION**  
**(continuation page)**

PARISH \_\_\_\_\_

MONTH \_\_\_\_\_

**PART 3 Other Adjustments – prior months**

**Refunds to State or Back Pay**

<u>Amount</u>	<u>Name</u>	<u>Explanation</u>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

**Page Total \$ \_\_\_\_\_**  
**Amount**

DEPUTY SHERIFFS' SUPPLEMENTAL PAY  
RECONCILIATION INSTRUCTIONS

1. Enter parish name.
2. Enter current month. **The monthly report should be received by the State Treasurer's Office by the 10<sup>th</sup> of the month.**
3. Complete No. of Deputy Reconciliation. This information should be obtained from the listing of deputies that your parish provides to the State Treasurer's Office.

Enter the number of deputies from the previous month's report. (No. of Deputies-Previous Month)

Enter the number of new deputies that have been included in the current report. (No of Deputies added)

Enter the number of deputies that were included on the previous months report but not on the current month report. (No. of Deputies deleted)

Calculate the Total No. of Deputies(Current Month) and enter in blank. This number should equal the total number of deputies receiving supplemental pay in the current month.

4. Part 1 represents the deputies that are eligible to receive **full** supplemental pay (300) for the **current month**.

Enter the number of full time deputies.

Multiply the number of full time deputies times the \$300 rate and enter the product.

List any deputy receiving full supplemental pay that is added in the current month that was not included in the previous month's report. Enter the eligibility date and an explanation of why the deputy was added. Attach the required paperwork.

- Examples:
- A. New deputy hired-Include Deputy Information Form, Post Certification, Prior Service Certificates, if applicable.
  - B. Deputy returning from leave of absence-Include completed Leave of absence form with doctor's excuse or military discharge papers.

5. Part 2 represents the deputies receiving a **partial** payment for the **current month**. (A deputy should not be listed in Part 1 and Part 2.) Include deputies that were hired or terminated after the first day of the current month. Also, include deputies that are eligible to receive a partial payment for the current month due to a suspension or leave of absence. Refer to the current month report to summarize the number of deputies at each rate other than full supplemental pay.

Enter the number of deputies at each rate and indicate the total amount.

List each deputy receiving a partial payment for the current month and provide an explanation of why this deputy is receiving a partial payment.



## RECONCILIATION INSTRUCTIONS

Page 2

Include required paperwork, if applicable.

Partial payments are prorated for the number of days worked using the current daily rate of \$9.86.

Examples: Deputy terminated on 4/12-request 12 days @ \$9.86 = \$118.32  
Deputy suspended for 3 days in a 30 day month-request 27 days @ \$9.86 = \$266.22  
Deputy suspended for 3 days in a 31 day month-request 28 days @ \$9.86 = \$276.08  
Deputy hired on 4/5-request 26 days @ \$9.86 = \$256.36

6. Part 3 represents refunds due to the state or current year back pay due the deputy.

List the deputies that were terminated in a previous month but not removed from the report timely. Calculate and enter the refund due to the state. The amount paid to the parish will be reduced by the amount of the refund due to the state.

Example: Deputy terminated on 3/5. Refund calculation:

\$300.00	Full Month
(49.30)	5 days @ 9.86
\$250.70	Refund due the State

List the deputies that are eligible for back pay due in the current fiscal year. Calculate and enter the amount. If a deputy terminates on the last day of the month, enter zero amount, list name and termination date.

Example: Deputy hired on 3/7 added on April report. Eligible for 25 days in March @ \$9.86 = \$246.50.

7. If additional space is needed use the continuation pages provided for each Part.

On page 1 of the reconciliation form:

Enter the number of deputies and the amount due from Part 2-Continuation Page

Enter the amount due from Part 3-Continuation Page

8. Add the No. of Deputies from Part 1, Part 2, and Continuation Pages Part 2 listed on Reconciliation Form and enter in the Total No. of Deputies blank at the bottom of the page. The total number of deputies entered here should agree with the total number of deputies in reconciliation at the top of the page.

9. Add the Amounts from Part 1, Part 2, and Total from Continuation Pages Part 2 and Part 3. Enter this figure in the Total Amount Requested blank.

**DEPUTY SHERIFFS' SUPPLEMENTAL PAY RECONCILIATION**

PARISH \_\_\_\_\_

MONTH May 2000

## Reconciliation

No. of Deputies (Previous Month) 20No. of Deputies added + 5No. of Deputies deleted - 1Total No. of Deputies(Current Month) 24**PART 1 – Deputies receiving full supplemental pay in the current month – Include required paperwork**

No. of Deputies	Rate	Amount	List additions to the current month report Name	Eligibility Date	Explanation
<u>18</u>	@ \$300	= \$5,400.00	James Cox	05/01/00	New
			Susan Fernandez	04/01/00	New
			Barbara Innis	03/05/00	New

**PART 2 – Deputies receiving partial pay-current month****Include required paperwork**

No. of Deputies	Rate	Amount	Name	Explanation
<u>2</u>	@ \$276.08	= \$552.16	Tom Jackson	suspended 2 days-April
<u>1</u>	@ \$285.94	= \$285.94	Don Ross	suspended 2 days-April
<u>2</u>	@ \$216.92	= \$433.84	Todd Morrison	new-eligible 05/10/00
<u>1</u>	@ \$118.32	= \$118.32	Tim O'Halloran	new-eligible 05/10/00
			Bob Smith	new-eligible 05/10/00
			Bruce Palmer	terminated-05/12/00

**Part 3 – Other Adjustments -****prior months****Refunds to State or Back Pay**

	Amount	Name	Explanation
	\$300.00	Susan Fernandez	April back pay
	\$566.22	Barbara Innis	March & April back pay
	\$(181.68)	Cheryl Simms	refund due state-term. 4/12/00
Cont. Pg. Part 2	\$		
No. of Deputies	\$		
list below	\$		
		<b>subtotal</b>	
<b>Part 2</b>	\$	<b>total from continuation pages</b>	
<b>Part 3</b>	\$	<b>total from continuation pages</b>	

<u>24</u>	<b>TOTAL</b>	\$7,474.80	PREPARED BY: (name) _____
<b>No. of Deputies</b>	<b>Amount Requested</b>		DATE: <u>05/01/00</u> PHONE NO. <u>(225) 342-0000</u>

# Deputy Sheriffs' State Supplemental Pay

Month: May 2000

Parish: \_\_\_\_\_

Page: 1

Name of Deputy Sheriff	Social Security Number	Date of Eligibility	Present Monthly Salary	Qualification Years	Amt. of Sup. Pay	Explanation
Jackie Allen	000-00-0001	05/22/81	\$2,500.00	20	\$300.00	
Linda Bergeron	000-00-0002	03/11/90	\$2,100.00	11	\$300.00	
James Cox	000-00-0003	05/01/00	\$1,500.00	1	\$300.00	new-eligible 5/1/00
Ronnie Daniel	000-00-0004	06/10/93	\$2,200.00	8	\$300.00	
John Ellis	000-00-0005	07/15/94	\$2,300.00	7	\$300.00	
Susan Fernandez	000-00-0006	04/01/00	\$1,500.00	1	\$600.00	new-eligible
Jim Granger	000-00-0007	02/02/98	\$2,100.00	3	\$300.00	
Mike Harrell	000-00-0008	11/05/97	\$2,000.00	4	\$300.00	
Barbara Innis	000-00-0009	03/05/00	\$2,400.00	1	\$866.22	new-eligible 3/5/00
Tom Jackson	000-00-0010	01/23/92	\$2,600.00	9	\$276.08	suspended 2 days-April
Len Kendrick	000-00-0011	07/11/89	\$3,400.00	12	\$300.00	
Steve London	000-00-0012	06/22/85	\$3,200.00	16	\$300.00	
Todd Morrison	000-00-0013	09/18/88	\$3,100.00	13	\$285.94	suspended 2 days-May
Judy Needham	000-00-0014	08/13/91	3,000.00	10	\$300.00	
Tim O'Halloran	000-00-0015	05/10/00	\$1,500.00	1	\$216.92	new-eligible 5/10/00
Bruce Palmer	000-00-0016	10/03/96	\$2,400.00	5	\$118.32	terminated 5/12/00
Ron Quebec	000-00-0017	05/26/93	\$2,200.00	8	\$300.00	
Don Ross	000-00-0018	04/12/87	\$2,600.00	14	\$276.08	suspended 2 days-April
Bob Smith	000-00-0019	05/10/00	\$1,500.00	1	\$216.92	new-eligible 5/10/00
Debbie Turner	000-00-0020	10/12/97	\$2,000.00	4	\$300.00	
Jesse Ulmer	000-00-0021	09/10/96	\$1,800.00	5	\$300.00	
Gary Vance	000-00-0022	05/22/95	\$2,000.00	6	\$300.00	
Joshua Williams	000-00-0023	04/10/94	\$2,200.00	7	\$300.00	
James Zeagler	000-00-0024	03/11/91	\$2,600.00	10	\$300.00	
	Deputy Cheryl Simms		terminated 4/12/00		(\$181.68)	Refund due state
					\$7,474.80	TOTAL REQUESTED

## CERTIFICATE

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

I, \_\_\_\_\_, Sheriff in and for the parish of \_\_\_\_\_, do hereby certify, under oath, that the attached report of deputies qualified for State Supplemental Pay is true and correct and was compiled under the following rule as to date of eligibility.

Each Deputy Sheriff employed full-time is commissioned and is earning a salary from the Sheriffs Salary Fund of at least \$350.00 per month and meets all other requirements for eligibility, such as employment in a qualified position and POST certification, which are applicable based on his date of employment.

\_\_\_\_\_  
**SHERIFF – Signature**

SWORN TO AND SUBSCRIBED before me, this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC – Signature**

**Appendix viii. POST CERTIFICATES (ILB.)**

1. REGISTRATION OF ('grandfathered')
2. BASIC CORRECTIONAL PEACE OFFICER
3. BASIC

**POST**  
**COUNCIL**

WISDOM  
TRAINING  
KNOWLEDGE  
PROFESSIONALISM

**State of Louisiana**

Hence Officer Standards & Training Council  
hereby recognizes  
the registration of

as provided for in the Laws of the State of Louisiana

issued this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

*[Signature]*  
GOVERNOR

*[Signature]*  
CHAIRMAN

This certificate remains the property of the State of Louisiana,  
and is subject to be revoked at any time.

POST Certificate of Registration

(‘grandfathered’)





BC 01753

State of Louisiana  
Peace Officer Standards & Training Council

hereby certifies

**NOTED**

as a

**BASIC CORRECTIONAL PEACE OFFICER**

*for having completed a Certified Correctional Officer Training Course  
as provided for in the laws of the State of Louisiana*

issued this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

*M. J. Senter*  
GOVERNOR  
This certificate remains the property of the State of Louisiana  
and is subject to be revoked at any time.

*Charles E. Feltz*  
CHAIRMAN



**POST  
COUNCIL**



**B 17477**

# State of Louisiana

Honorable Officer Standards & Training Council

hereby awards the

## Basic Certificate

to

for having completed a Certified Basic Training Course

at the

**NOTED**

as provided for in the Laws of the State of Louisiana,

issued this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

GOVERNOR

This certificate remains the property of the State of Louisiana and is subject to be revoked at any time.

CHAIRMAN



DEPARTMENT OF THE TREASURY  
DEPUTY SHERIFF'S SUPPLEMENTAL PAY  
MONTHLY REPORT ADJUSTMENT FORM

(NAME OF PARISH)

THE DEPUTY SHERIFFS' SUPPLEMENTAL PAY REPORT FOR THE MONTH OF (MONTH,  
YEAR) WAS REVIEWED AND YOUR PARISH TOTAL WAS ADJUSTED TO (AMOUNT) FOR THE  
FOLLOWING REASONS:

(MONTH) REPORT TOTAL \$

ADJUSTED TOTAL FOR (MONTH) \$\_\_\_\_\_

IF YOU HAVE ANY QUESTIONS CONCERNING THIS ADJUSTMENT, PLEASE CONTACT OUR  
OFFICE.

(PREPARED BY)  
DSSP STAFF

(DATE)

BOARD OF REVIEW  
DEPUTY SHERIFF'S SUPPLEMENTAL PAY

**LEAVE OF ABSENCE APPROVAL FORM**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Period of absence: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leave of absence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Sheriff - Signature

\_\_\_\_\_  
Parish

\_\_\_\_\_  
Date

**Medical** - attach doctor's statement/upon return attach doctor's release to work statement

**Military** - attach copy of military orders/upon return attach copy of military discharge papers

**Budgetary Cutback** - attach sheriff's letter/upon return attach sheriff's letter with date of return

DEPUTY SHERIFF SUPPLEMENTAL PAY

CHANGE IN JOB DUTIES

PARISH \_\_\_\_\_

MONTH \_\_\_\_\_

The following deputies **receiving supplemental pay** have been permanently assigned a **change** in job duties **effective** on the date listed below:

Deputy Name	Date	Title/Description of New Job Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Attach a copy of the **appropriate** POST CERTIFICATE **required** for the new job.

\_\_\_\_\_  
Prepared By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

